

CoverX

The Coverage Experts
www.coverx.com

Producer: _____

Producer Is: Wholesaler Retailer

Address: _____

Telephone: _____

Fax: _____

Excess & Surplus Lines License No.: _____

Email: _____

Proposed Effective Date: _____

If Renewal, Provide Current Policy No.: _____

FLORIDA

3050 NORTH HORSESHOE DRIVE, SUITE 200
NAPLES, FLORIDA 34014
(239) 430-9119 Telephone
(239) 430-9416 Fax
coverxf@coverx.com Underwriting Email

TEXAS

311 S. JUPITER, SUITE 200
ALLEN, TEXAS 75002
(214) 495-7717 Telephone
(214) 495-7062 Fax
covertx@coverx.com Underwriting Email

ILLINOIS

ONE SOUTH WACKER DRIVE, SUITE 2740
CHICAGO, ILLINOIS 60606
(312) 641-0226 Telephone
(312) 641-9858 Fax
coverxil@coverx.com Underwriting Email

BOSTON

TEN POST OFFICE SQUARE SOUTH, SUITE 350
BOSTON, MASSACHUSETTS 02109
(617) 426-6262 Telephone
(617) 426-8488 Fax
coverxma@coverx.com Underwriting Email

Resident or Non-Resident Surplus Lines Licensee Information for Applicant's State of Domicile:

SL License State: _____

SL License No.: _____

SL License Expiration Date: _____

SL Licensee Name: _____

Affiliation with Producer (e.g., Owner, Executive Officer, Employee): _____

SL Licensee Agency Name (if Entity License): _____

HABITATIONAL SUPPLEMENTAL QUESTIONNAIRE

(Please complete for each location)

Applicant Name: _____
Name of Complex: _____
Address: _____

Number of Buildings: _____ Number of Stories: _____
Number of Units: _____ Square Footage: _____
Construction: _____
Age: _____ Date Purchased: _____
Has the applicant sold or divested interest in any building during the past five years? Yes No

Year of Updates: Wiring _____ Electrical _____ Roof _____ Plumbing _____
Are any buildings or units currently undergoing any renovations? Yes No

Does each building have a sprinkler system? Yes No
Are smoke detectors installed in each unit? Yes No Hard Wired Battery Operated
Are there Fire Extinguishers? Yes No How many? _____

Describe the type of lock on:

The Front and Rear door of each unit: _____

Windows: _____

Entrance Doors to the Building: _____

Describe the Building Security System:

Front Door Buzzer Entry Yes No Security Guard employee Yes No

Lobby Camera Yes No Security Guard contracted Yes No

Doorman Yes No Armed Security Guard Yes No

Gate Attendant Yes No Is the entire complex gated? Yes No

Is there a swimming pool? Yes No Depth markings on poolside? Yes No

Lifeguard on duty? Yes No Safety equipment? (ie. shepherds hook) Yes No

Fenced with self-latching gate? Yes No Height of fence surrounding pool? _____

Other recreational facilities? Yes No If yes, describe: _____

Are dogs allowed? Yes No Size or breed restrictions? Yes No

Describe policy: _____

Does applicant use a standard lease agreement? Yes No Attach copy of standard lease.

Does applicant have a written eviction policy? Yes No Number of evictions in the past year: _____

What is the highest unit rental rate? _____ Lowest unit rental rate? _____

What is the occupancy rate? _____% Number of vacant units: _____

Are there any subsidized rent units or HUD properties? Yes No How many? _____

Explain: _____

Expiring General Liability Carrier: _____

Policy Term: _____ Expiring General Liability Premium: \$ _____

Five year documented loss history is: Attached Ordered

During the past five years has any insurance company canceled, declined or refused to issue, or refused to renew similar coverage to the applicant? Yes No

Has any lawsuit ever been filed, or any claim otherwise been made against the applicant or any partnership or joint venture of which the applicant has been a member or the applicant's predecessors in business, or against any person, company or entities on whose behalf the applicant has assumed liability? Yes No

If yes, please provide complete details as an addendum.

Is the applicant aware of any incident, circumstances, incidents that be might expected to give rise to a claim or lawsuit, whether valid or not, which might involve the applicant? Yes No

If yes, please provide complete details as an addendum.

NOTICE

1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED “NONADMITTED” OR “SURPLUS LINE” INSURERS.
2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT WHICH APPLIES TO CALIFORNIA LICENSED INSURERS.
3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.
4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINES INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST.
5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINE” BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.
6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY THAT YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.

Date: _____

Insured: _____